

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | (M)      | 6764   | 8/21/00 |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | W.M      | 869    | 9-22-00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 - ..... Allowed I ..... Interference  
 (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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